

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							FILING DATE 01/01/00	
APPLICANT(S) 000342								
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
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TOTAL DEP.	0							
TOTAL CLAIMS	3							
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